



*criticism of*  
*booklet.* STAT

Page 1. II. There are not 5 kinds (2 major kinds Life and Health)  
or break down to 8 groups as we did.

Page 1. IV. We can't tell people which is best.

Page 2. C-1. Not like NSLI. NSLI pays cash dividends. We are not  
sure how we will ours and WAEPA pays none. Further NSLI  
can be converted to a permanent plan at any time. People  
know about NSLI so this is not true presentation of facts.

" " C-2. Benefits are not "larger" unless justified by for the low  
premium.

" " V a. Second sentence - what do they mean?

" " V h. Wrong statement. All are not on group basis. No Master  
policy for Income Replacement, Travel-Matic, Air Trip.  
Each Admin. has a copy of the Master Contracts. Why  
send them to us?

Page 3. C. Absolutely wrong. To insurance companies we are Class D  
risks. If they mean "our underwriters" O.K. but say so.

" " d-1. Wrong statement. Insurance Company does know what we do.  
They get a copy of work sheet on every claim paid.

" " d-2. Wrong to separate WAEPA. It is as much GEHA as UBLIC.  
This does not imply such.

" " VI. We don't intend applications to be filled out, for head-  
quarters personnel, anywhere except our office. This says  
all divisions could. We cannot operate that way. Ap-  
plications must be made in our office.

" " VII. Again, why speak of WAEPA separately. It is a GEHA plan.

Page 5. (4) Wrong statement - can not. Drive; EOD; PCS only.

" " (c)(1) Wrong. Applications must be filled out by our people,  
in our office.

" " (d) No classes. Wrong.

" " (f) (last sentence) I wouldn't have known this if I hadn't  
read this here.

" " (g) (2) Wrong statement "any plan, other than term".

Page 7 (1) (2) Belongs under Double Indemnity.

" " (3) Wrong - face value is paid.

Incontestible after one year.

(4) Wrong - Our employees, as such, killed in act of war,  
declared or undeclared, are covered - face value.

Page 8 (2) Wrong. Issues coverage to members of the organization.

Page 9 (e) Don't understand last sentence.

Page 10 (B) Wrong - face value is paid (1 year incontestible).

" " (4) Wrong. Our employees, as such, killed in act of war -  
declared or undeclared are covered for face value.

*delete*

~~Page 5. (4) Wrong statement - can not. Drive; EOD; PCS only.~~

~~" " (C)(1) Wrong. Applications must be filled out by our people,  
in our office.~~

~~" " (d) No classes. Wrong.~~

Page 10. (h)(2) Master Contract copies are available at all Admins.

" " (j) Wrong. ~~Wrong~~ Equitable has many ways of paying  
death benefits (not three).

Page 11. (2) Nothing about effective date of UBLIC.

Page 12. 4(a) Don't know when during the year it will be held.

Page 13. 6. Another fundamental statement.

" 13. 7(b) Wrong statement. Cost - \$7.40.

" " 2. Hospital Extras - unallocated has to be in. Extra  
sentence is misleading.

Page 14. 1. Benefit. Wrong statement. "Cured" is only one category,  
whereas there are three.

Page 14. 4. Service - Due to continued complaints and misinterpreta-  
tions, the following must be added: "are only pregnancies  
considered abnormal for benefit purposes."

" " Service 7 - Wrong statement. Has nothing to do with an  
accident.

" " Service 9. Should be Anesthesiologist as anesthetist  
under the contract may be a hospital employee.

" " After 10. It is mandatory that the statement "The maximum  
allowance granted for normal maternity is hospitalization  
up to 8 days at \$10.00 per day and up to \$20.00 for  
anaesthetic." be included to prevent misinterpretation.

- Page 15. Benefit 1. Same as Page 14 - Benefit 1 "cured."
- " " Service 2. Word "unallocated" should be added for clarity.  
Remove last sentence under "Benefit" - misleading.
- " " Benefit 7. Wrong statement - nothing to do with accident.
- " " Benefit 8. Should be anaesthesiologist as anaesthetist  
under the contract may be an intern.
- " 16. Surgical Benefits 9(d). Master schedule is available at  
all Admins. Not necessary to come to the Insurance Office.
- " " Left out "Dental Surgical Services."
- " 17. "10" - Wrong - misleading. Everyone can not get blanks -  
Unvouchered - No.
- " 17. 11(b) Wrong - benefits are not the same.
- " " C(2) Last sentence - what is meant?
- " 18 (b) What about sickness with pregnancy?
- " " 4(c) Wrong. You do not have to be in GEHA. You can join.
- Page 19 10(a)(3) Wrong.
- Page 20 d 1(b)(2) Wrong. Does not cover travel on privately owned plane.
- Page 22 (g) Wrong - ? ? ?
- Page 25 (2) Wrong - Not sold overseas.
- " "(e)(1) Wrong. Smallpox, Encephalitis and Tetanus left out.
- Page 26. Table 6 Wrong.
- " 26. 5(b) Clarify - within 3 years.
- " 26. 5(c)(2) Should be spelled out as in brochure.
- " 26. 5(c)4 - Transportation and ambulance should be separated.
- " 26 5(c)7 - Refunded? Other mechanical apparatus.
- " 26 5(c)8 - reimbursed?

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*Your*  
**HEALTH AND LIFE**  
*Insurance Program*



*1 October 1956*

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Published in the interest of employee participation in the Organization's Health Benefits and Life Insurance program. This booklet is for the use of employees and their families only.

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UBLIC underwrites one of the GEHA-sponsored Group Term Life Insurance policies.

The other Group Life Term Insurance policy sponsored by GEHA requires membership in the War Agencies Employees Protective Association (WAEPA) in addition to membership in GEHA. This insurance is underwritten by the Equitable Life Assurance Society of New York which is the third largest life insurance company in this country.

BEGINNING 1 OCTOBER 1956 AND ENDING 31 OCTOBER 1956 FOR HEADQUARTERS PERSONNEL (ENDING 30 NOVEMBER 1956 FOR FIELD STATIONS), GEHA IS OPENING ITS ROLLS FOR NEW PARTICIPANTS IN THE MUTUAL HOSPITALIZATION AND SURGICAL BENEFITS PROGRAM AND THE UBLIC LIFE INSURANCE PLAN WITHOUT REGARD TO ANY PHYSICAL REQUIREMENTS (NO HEALTH STATEMENT OR PHYSICAL EXAMINATION NECESSARY!)

Hereafter MUTUAL Hospitalization and Surgical Benefits Insurance will be available to new participants only during the annual application period or within 60 days of initial entrance on duty or return to headquarters on permanent change of station. UBLIC Life Insurance will be available without a physical examination only during the annual application period or within 60 days after EOD. You can get it at other times if you pass a physical examination. The other insurance sponsored by GEHA is not included in the annual application period but will continue to be available as it is now.

The rest of this booklet describes each of the GEHA-sponsored Health and Life Insurance benefits which are available to you. The Insurance Branch will furnish additional information and will assist you in your application for any of these policies.

GEHA does not sponsor Federal Employees Group Life Insurance since this is government-wide, is automatically extended to all eligible employees and the premiums are deducted from your salary unless you state in writing that you do *not* want it. The Casualty Affairs Branch will furnish information and assistance about this program if you desire it.

We hope this booklet will answer your questions about your employee insurance benefits program—Please take it home—Study it, talk it over with your family—Be sure you have adequate insurance protection for yourself and your family.

Government Employees  
Health Association, Inc.



## HOSPITALIZATION AND SURGICAL BENEFITS PLAN (MUTUAL OF OMAHA)

### ELIGIBILITY

All eligible employees, wherever located, may apply for this hospitalization-insurance coverage for themselves and their families during the current application period, October 1, 1956 through October 31, 1956 for headquarters personnel and October 1, 1956 through November 30, 1956 for field stations, or within 60 days after EOD or return from overseas (PCS) ONLY. At no other time will this coverage be available.

### MONTHLY PREMIUMS

	Monthly Premium
Hospital and Surgical Services	
Single (member only) .....	\$2.70
Family (member, spouse, and all children between the ages of 14 days and 19 years)* .....	7.40

\*Married children, regardless of age, or children insured separately under this plan are excluded.

### COVERAGE

This plan provides hospital and surgical service benefits for all types of illness or accident, including the following:

1. Tuberculosis
2. Heart conditions
3. Mental and nervous disorders
4. Quarantinable diseases
5. Cancer
6. Pre-existing diseases or conditions.

Neither claims which are properly payable under the Federal Employees Compensation Act, or similar legislation, nor claims for services other than those provided by the hospital are covered by this contract (i.e., no coverage for *special* or *private* nurses or doctors' calls).

## HOSPITAL SERVICE BENEFITS IN THIS COUNTRY

The following benefits are available under this plan with coverage granted to insured members and their dependents in any hospital in this country. This includes *only* those clinics attached to a hospital.

Service	Benefit
1. Hospital Room and Board: (Private or Semi-private Room)	Up to \$13.50 per day Room and Board for up to 90 continuous days with no limit on frequency* ( <i>one-day return-to-work break</i> )—except Normal Maternity. (See No. 3 below)
2. Hospital Extras: (unallocated except for Maternity)**	Up to \$202.50 plus 75% of the covered hospital extras up to \$5,000.00 of benefits.
3. Normal Maternity: (Limited)	\$10.00 per day Room and Board up to 8 days. Up to \$20.00 for anesthetic.
4. Abnormal Maternity: (Caesarean, Termination of Ectopic Pregnancy, and Miscarriage are only pregnancies considered abnormal for benefit purposes)	Up to \$13.50 per day Room and Board for 90 days plus extras—as paid in Nos. 1 and 2 above.
5. Tonsillectomies and Adenoidectomies:	Paid under Nos. 1 and 2 above.
6. Out-patient Emergency Service: (Hospital)	Up to \$202.50 for injuries requiring medical attention within 24 hours of accident.

\*Housewife or children discharged from hospital or by doctor as completely cured.

\*\*The maximum allowance granted for normal maternity is hospitalization up to 8 days at \$10.00 per day and up to \$20.00 for anesthetic.

<i>Service</i>	<i>Benefit</i>
7. Out-patient Surgical Services: (Hospital)	Up to \$202.50 for hospital miscellaneous expense benefits incurred in connection with a surgical operation where the member is not hospital-confined.
8. Ambulance:	Fees for transportation to and from hospital paid under Hospital Extras in No. 2 above. (Limit \$25.00)
9. Anesthesiologist:	Up to \$25.00 for other than regular hospital personnel for administration of anesthetic paid under Hospital Extras in No. 2 above.
10. Medical Services in Hospital or authorized Clinic:*** (including X-ray, laboratory tests, physical therapy, and diagnosis)	Paid under Hospital Extras in No. 2 above.

\*\*\*Attached to a hospital.

#### HOSPITAL SERVICE BENEFITS OVERSEAS

The benefits listed below are available under this plan to policyholders and their dependents in any hospital they may select outside this country.

<i>Service</i>	<i>Benefit</i>
1. Hospital Room and Board: (Private or Semi-private Room)	Up to \$13.50 per day Room and Board for up to 90 continuous days with no limit on frequency* (one-day return-to-work break)—except normal maternity (see No. 3 below).

\*Housewife or children discharged from hospital or by doctor as completely cured.

<i>Service</i>	<i>Benefit</i>
2. Hospital Extras: (unallocated except for maternity)	Up to \$135.00.
3. Normal Maternity:	\$10.00 per day Room and Board up to 8 days. Up to \$20.00 anesthetic.
4. Abnormal Maternity: (Caesarean, Termination of Ectopic Pregnancy and Miscarriage)	Up to \$13.50 per day Room and Board for 90 days plus extras—as paid in Nos. 1 and 2 above.
5. Tonsillectomies and Adenoidectomies:	Paid under Nos. 1 and 2 above.
6. Out-patient Emergency Services: (Hospital)	Up to \$135.00 for injuries requiring medical attention within 24 hours of accident.
7. Out-patient Surgical Services in Hospital:	Up to \$135.00 for hospital miscellaneous expense benefits incurred in connection with a surgical operation where the member is not hospital-confined.
8. Ambulance:	Fees for transportation to and from hospital included under Hospital Extras in No. 2 above (limit \$25.00).
9. Anesthesiologist:	Up to \$25.00 for other than regular hospital personnel for administration of anesthetic paid under Hospital Extras.
10. Medical Services in Hospital or authorized Clinics:** (including X-ray, laboratory tests, physical therapy, and diagnosis).	Paid under Hospital Extras in No. 2 above.

\*\*Attached to a hospital.

**SURGICAL BENEFITS IN THIS COUNTRY AND OVERSEAS**

Benefits for surgical service performed in a hospital, doctor's office, or at home, listed below, are available under this plan to members and their dependents, no matter in what part of the world they are located. Benefits for dental surgical services, however, are available only if they are performed in a hospital.

<i>Service</i>	<i>Benefit</i>
1. Surgical Services:	Up to \$250.00 paid in accordance with the master schedule. (Available for inspection.)

**EXAMPLES FROM THE SCHEDULE**

Hernia, unilateral . . .	\$100.00	Skull fracture—com-pound . . . . .	\$250.00
Hernia, bilateral . . .	140.00	Fracture of base of spine . . . . .	62.50
Appendectomy . . . . .	100.00	Bronchoscopy . . . . .	62.50
Radical mastectomy . .	187.50	Varicocele removal . . . . .	62.50
Fracture of spine . . . .	93.75	Thyroid removal . . . . .	187.50
Hip dislocation . . . . .	43.75	Mastoidectomy, simple . . . . .	125.00
Prostatectomy . . . . .	187.50	Mastoidectomy, radical . . . . .	187.50
Removal of kidney . . . .	250.00	Normal delivery . . . . .	80.00
Removal of cataract . . .	187.50	Caesarean . . . . .	150.00
Gastrectomy . . . . .	250.00	Abdominal operation for extra-uterine pregnancy . . . . .	150.00
Tonsillectomy and Adenoidectomy . . . . .	55.00	Abortion or miscarriage . . . . .	50.00
Hemorrhoidectomy . . . .	62.50		
Hysterectomy . . . . .	165.00		
Amputation—arm, foot . . . . .	125.00		
2. Services Related to Surgery: (Anesthetist, X-ray, Clinical laboratory)		Paid under Hospital Extras. (ONLY if performed in a hospital or authorized clinic.)	
3. Dental Surgical Services:		Paid in accordance with above schedule only if performed in a hospital by a dentist, dental surgeon, or an M. D.	

*Service**Benefit*

4. Plastic Surgery: (for injury incurred at any time, except for cosmetic surgery) Paid in accordance with No. 1 above.
5. Important—Visits to doctors' offices are not covered.

**WAITING PERIOD**

No waiting period is required regardless of conditions existing prior to application.

**EXTENDED BENEFITS**

Benefits for hospitalization and surgery performed during the continuance of disability are payable within thirteen weeks following the date such disability terminated the employment of the member.

**PAYMENT OF INSURANCE BENEFITS**

The benefits provided in this plan will be paid to the insured member upon the submission of his claim to the Insurance Claims Office. Such claims must be substantiated by receipted bills and diagnosis from the appropriate hospital or clinic, doctor or dental surgeon.

**CONVERSION PRIVILEGE**

Upon termination of membership in GEHA by reason of termination of employment, the insured employee may convert his Health Insurance to an individual policy offered by the Mutual Benefit Health and Accident Association of Omaha without evidence of insurability, at about a 25 percent increase in premiums, providing the employee:

- (a) Is less than 75 years of age,
- (b) Applies for the conversion policy within 30 days of termination of employment.

This insurance may include the employee and all of his dependents who were insured under his group certificate. Coverage for dependent children terminates at age nineteen, but they may apply for a conversion policy on an individual basis.

The insurance will be effective on the date the application and the required premium are accepted by the Company, and will continue in force for not less than six months after the effective date. Renewal after the first six months will be subject to the consent of the Company.

#### APPLICATION PROCEDURES

Application for this coverage may be submitted to the Insurance Branch within 60 days after an employee has entered on duty, or within 60 days after an employee has returned—permanent change of station—from an overseas assignment, or on the occasion of the Annual Application Period.

Other than during the above periods *NO* applications will be accepted.

#### SPECIFIED DISEASES POLICY

(MUTUAL OF OMAHA)

##### ELIGIBILITY

All members of the Government Employees Health Association are eligible to purchase the Specified Diseases policy which covers poliomyelitis, leukemia, scarlet fever, diphtheria, smallpox, spinal or cerebral meningitis, encephalitis, tetanus, or rabies. If the applicant is not already a member of GEHA, a one-dollar membership fee will be charged. This insurance is effective when the condition first manifests itself more than 15 days after the policy date; i.e., the day application is made.

##### DEPENDENTS

Eligible dependents shall include the wife or husband of the protected person and the insured's unmarried children under 21 years of age. This does not include, of course, dependents who are protected by the same underwriter as policyholders themselves.

After the insured has one or more of his eligible dependents insured, each additional eligible dependent shall become automatically insured on the date such additional dependent is acquired.

##### PREMIUMS

Protected person only (single) ..... \$4.00 per year  
Protected person with dependents (family) .. 10.00 per year

The policy is renewable on the anniversary date each year, December 1.

##### GENERAL INFORMATION

If the insured or a dependent shall become afflicted with definitely diagnosed poliomyelitis, leukemia, scarlet fever, diphtheria, smallpox, spinal or cerebral meningitis, encephalitis, tetanus, or rabies (including inoculations for suspected rabies), which first manifests itself and requires treatment

beginning while the policyholder or his dependent is insured, the Company will pay benefits, as outlined in the following Schedule of Benefits, for the expense actually incurred therefor within three years after the date of the first treatment, but not to exceed in the aggregate, \$5,000 for each incidence of each such disease. Benefits under this insurance are in addition to benefits under the Mutual Hospitalization and Surgical Benefits insurance.

#### SCHEDULE OF BENEFITS

1. *Doctor bills.*—The charges made by legally qualified physicians or surgeons for treatment (including charges for treatment by osteopaths or physiotherapists).

2. *Hospital bills.*—The charges made by the hospital for room and board, all service of regular hospital attendants, and any hospital apparatus or medicines used in the treatment.

3. *Special nurse.*—The charges made for the services of a registered, graduate nurse or nurses (relative or member of family excluded).

4. *Ambulance.*—The charges made by the ambulance company for transporting the afflicted person in an ambulance to or from a hospital or to a railroad station or airport for transportation covered in item 10 of this schedule.

5. *X-ray and laboratory.*—The charges made for X-ray and X-ray laboratory service.

6. *Drugs and medicines.*—The charges made for all drugs and medicines used in the treatment of the disease.

7. *Iron lung.*—The charges made for the rental of an iron lung or similar mechanical apparatus.

8. *Wheelchair.*—The charges made for the rental of a wheelchair.

9. *Braces and crutches.*—The charges made for braces and crutches as are deemed necessary by the attending physician for the treatment of the disease.

10. *Transportation.*—The charges made for transportation by aircraft or railroad, if in the opinion of the attending physician it is necessary to transport the afflicted person to another locality for treatment.

#### TERMINATION

This coverage will cease if the protected person ceases to pay the renewal premium when due or upon termination of his employment with us. Termination of employment shall be defined as cessation of active work by reason of resignation, dismissal or being pensioned or retired.

If at the time of termination of insurance a protected person or dependent is receiving benefits in accordance with the policy, such benefits will continue to be paid for the balance of the period for which he would otherwise have been entitled to such benefits.

#### APPLICATION PROCEDURES

Applications for this policy must be accompanied by the payment of an annual premium (\$4.00 or \$10.00) plus a one-dollar membership fee, if not already a member of GEHA. Check must be made payable to "GEHA-Inc." Inasmuch as the renewal date of the Master Contract is December 1 each year, applicants obtaining this coverage effective on the first of any month other than December will pay a proportionate premium to carry it to December and from then on the premium will be as stated above. The following table illustrates these fractional payments:

Month Applying for Insurance	Months	Family	Single
Last Month Paid			
Oct. ....	1	\$0.83	\$0.33
Sept. ....	2	1.66	.67
Aug. ....	3	2.50	1.00
July ....	4	3.33	1.33
June ....	5	4.17	1.67
May ....	6	5.00	2.00
April ....	7	5.83	2.33
March ....	8	6.67	2.67
Feb. ....	9	7.50	3.00
Jan. ....	10	8.33	3.33
Dec. ....	11	9.16	3.67
Nov. ....	12	10.00	4.00

**SPECIAL INCOME REPLACEMENT PLAN**

(PREFERRED RISK)

(MUTUAL OF OMAHA)

**ELIGIBILITY**

This special plan is offered to preferred risks only and is therefore limited to members who have no disqualifying physical impairments and are working full time. Eligible members may enroll in any of the plans offered up to age 68. A \$1.00 membership fee will be required when the applicant is not already a member of GEHA.

**SCHEDULE OF BENEFITS & PREMIUMS**

	Weekly Benefit	Annual Premium	Semiannual Premium
Class 1 . . . .	\$25.00	\$25.70	None
Class 2 . . . .	50.00	51.35	\$25.70
Class 3 . . . .	75.00	77.05	38.55
Class 4 . . . .	100.00	102.70	51.35

**ACCIDENT BENEFITS**

Weekly benefits resulting from total disability as a result of accident are paid beginning with the 91st day after the accident and for as long as total disability exists—even for life. Weekly benefits for partial disability resulting from accidents are paid commencing with the 91st day of disability and continuing for a period as long as 13 weeks. The rate of this benefit for partial disability will be one-half the weekly benefit.

**SICKNESS BENEFITS**

Weekly benefits for total disability as a result of sickness will be paid commencing with the 91st day of disability and continuing for as long as 10 years.

**SPECIFIED AIRCRAFT PASSENGER COVERAGE**

This policy covers injuries received as a result of riding in an aircraft *only* if the insured member, *as a passenger*, is boarding, riding in, or alighting from a licensed passenger aircraft provided by a common carrier of passengers and operated by a licensed transport pilot upon a regularly scheduled passenger route between definitely established airports.

**MEDICAL BENEFITS FOR INJURIES NOT CAUSING LOSS OF TIME**

Without regard to the 90-day qualification mentioned above, expenses actually incurred by the insured member for treatment of injuries by a legally qualified physician will be paid. This payment will not exceed the amount of one weekly payment for any one accident.

**GENERAL PROVISIONS**

All disabilities arising after the insurance is effective are covered, irrespective of date of origin of the ailment causing such disabilities. No rider may be applied at any time now or later.

A waiver of premiums becomes effective after six months of continuous disability providing policy is then in force. This means that no further payment of premiums is necessary so long as the disability exists.

This contract provides for a 31-day grace period for payment of any renewal premium.

**EXCLUSIONS**

This policy does not cover: (a) Any loss caused by war or any act of war or loss incurred while engaged in military, naval, or air service; (b) injuries received as a result of riding in an aircraft except as a passenger; (c) pregnancy, miscarriage or childbirth, or suicide, sane or insane.

**CONVERSION PRIVILEGES—NONE**

#### TERMINATION

This coverage will cease if the insured member fails to pay the renewal premium when due, or terminates his employment with us. Termination of employment shall be defined as cessation of active work by reason of resignation, dismissal, or being pensioned or retired.

#### APPLICATION PROCEDURES

Applications for this policy must be accompanied by an annual premium or semiannual premium on all plans except Plan 1, which requires an annual premium. In addition, as mentioned above, a \$1.00 membership fee should be included if the applicant is not already a member of GEHA. Checks must be made payable to "GEHA-Inc."

The Association reserves the right to require a report of medical examination if the statements on the initial application so warrant. However, employees stationed overseas when applying must submit a report of physical examination performed either by Organization doctors or private physicians, at the employee's expense.

### LIFE INSURANCE PLANS

#### UNITED BENEFIT LIFE (UBLIC)

##### ELIGIBILITY

All persons who are already members of the Government Employees Health Association in good standing, or who have paid their one-dollar membership fee may purchase this life insurance, provided they have not yet reached their sixtieth birthday. This protection may be continued on the group basis until the insured attains age 65, at which time the face amount of the contract as well as the accidental-death coverage will be reduced to one-half (50 percent) of the previous amount, with the premiums also being reduced 50 percent. The insured may retain this coverage as long as he remains with the Organization.

Detailed military personnel on active duty, who meet the above age requirements, are eligible to purchase life insurance, thereby becoming members of GEHA with the payment of their membership fee. Military members may retain their insurance for the full duration of their membership in the Association. This same opportunity is afforded detailed civilian personnel.

The death of any member of GEHA who is or becomes a member of the military services of this or any other country, which results from an Act of War, whether declared or undeclared, is not covered under this contract.

##### SCHEDULE OF BENEFITS AND MONTHLY PREMIUMS

The following schedule illustrates the face amounts of life insurance, accidental death benefits, and monthly premium rates for the five classes of coverage which may be selected by members of GEHA:

Class	Face Amount	Accidental Death Benefit	Monthly Premium
Class 1	\$3,000... plus...	\$3,000	\$1.83
Class 2	6,000... plus...	6,000	3.66
Class 3	9,000... plus...	9,000	5.49
Class 4	12,000... plus...	12,000	7.32
Class 5	15,000... plus...	15,000	9.15

A member may apply for an increase in his life insurance coverage, that is change to a higher class, at any time, provided he furnishes the Association satisfactory evidence of insurability by a report of medical examination. This may be accomplished by a report of examination from a private physician on forms supplied by GEHA. The resulting report must be submitted to the Association for final approval.

A member may change to a lower class of life insurance coverage ONLY if he has continued his current coverage for a period of 12 or more continuous months.

#### **PREMIUM WAIVER FOR TOTAL AND PERMANENT DISABILITY**

In the event a policyholder becomes totally and, presumably, permanently disabled prior to reaching the age of 60, his insurance will remain in force without payment of premium until recovery or death, regardless of age.

#### **ACCIDENTAL DEATH BENEFITS**

A double indemnity provision covering death from accidental causes is automatically included as a basic part of the contract. This insures the member against loss of life resulting directly, and independently of all other causes, from bodily injuries produced solely through accidental means.

In the event a policyholder is injured through purely accidental means, and dies within 90 days from the date of the accident, the underwriters will pay to the beneficiary the amount shown in the following schedule, in addition to the face value:

Class I .....	\$3,000
Class II .....	6,000
Class III .....	9,000
Class IV .....	12,000
Class V .....	15,000

#### **LIMITATIONS ON ACCIDENTAL DEATH BENEFITS**

The accidental death benefit does not cover death caused directly or indirectly, wholly or partly:

- (a) By bacterial infections (except pyogenic infections which shall occur with and through an accidental cut or wound), or
- (b) By any kind of disease, or
- (c) By medical or surgical treatment (except such as may result directly from such treatment made necessary by injuries covered by this policy), nor shall it cover
- (d) Suicide or any attempt thereat, while sane or insane, nor
- (e) Death from any injuries sustained as the result of or while participating in aeronautics, aviation, air travel or air transportation, except as a passenger. The term "passenger" is understood to exclude pilot, copilot, and all other members of the crew engaged in the operation of the aircraft, nor
- (f) Death after any premium has been waived.

#### **PAYMENT OF INSURANCE BENEFITS**

The beneficiary may elect to have the death benefit paid as follows:

- (a) In a lump sum, or
- (b) In a series of monthly installments, or
- (c) Partly in a lump sum and the balance in a series of monthly installments.

The beneficiary may be changed at any time upon the written request of the policyholder.

#### **CONTINUATION OF INSURANCE UPON TERMINATION OF EMPLOYMENT (GRACE PERIOD)**

The life insurance protection will continue in effect for 31 days following termination of employment.



#### CONVERSION PRIVILEGE

A policyholder may convert his life insurance to any one of the permanent plans of life insurance, other than term (20-Payment life, Ordinary life, Endowment, etc.) underwritten by the United Benefit Life Insurance Company, without a report of physical examination, upon reaching age 65 or within 31 days from the date of the termination of his employment. Necessary forms will be supplied and arrangements made for such conversion by this Association upon application of the insured for same.

#### APPLICATION PROCEDURES AND MEDICAL EXAMINATIONS

Applications for this life insurance will be permitted during the Annual Application Period, during which time it will not be necessary to meet any requirements regarding physical condition, such as a health statement or report of medical examination by a doctor. This is true also in the case of new employees making application within 60 days after entry on duty. At any other time a complete satisfactory report of medical examination must be submitted to the Insurance Branch, together with the application.

Applications for membership in the Government Employees Health Association, Inc. may be submitted to the Insurance Branch within 60 days after an employee has entered on duty, or on the occasion of the Annual Application Period. The current Application Period extends from 1 October 1956 through 31 October 1956 for headquarters personnel and from 1 October 1956 through 30 November 1956 for overseas personnel. The life insurance becomes effective the day the application is received in and payment made to the Insurance Branch, or in the case of overseas applications, the day the application is certified to by an authorized person.

Employees who are currently members of the Association, by reason of their already having some other GEHA coverage (hospitalization, etc.) may obtain life insurance without the payment of an additional membership fee. Applications for this life insurance coverage must be accompanied by payment

of the first two months' premium and, where required, the membership fee in the Association. Checks in payment of premiums should be made payable to "GEHA-Inc."

#### WAEPA—LIFE INSURANCE

(EQUITABLE LIFE ASSURANCE SOCIETY OF NEW YORK)

#### ELIGIBILITY

Employees are eligible for membership and insurance protection under this contract if they fall into one of the following categories:

- (a) A government employee who is a citizen of our country now outside continental limits of the country, wherever domiciled;
- (b) A government employee located in this country now in training for duties abroad, or awaiting transportation;
- (c) A supervisory or administrative employee located in this country if, in the normal course of duty, required to make trips abroad;
- (d) A director of training programs for employees fitting the above descriptions.

Detailed military personnel are *not eligible* to purchase this coverage.

#### SCHEDULE OF BENEFITS AND MONTHLY PREMIUMS

The following table illustrates the face amounts of life insurance, accidental death benefits, and premium rates for the two amounts of coverage which may be purchased by members of GEHA.

Age Group	Basic Salary	Amt. of Life Insurance	Accidental Death and Dis- member- ment	Total Cover- age	*Cost per Mo.	Qtrly. Pre- mium	Annual Pre- mium
Up to 40 incl.	Less than \$3,200	\$7,500	\$12,500	\$20,000	\$4.17	\$12.50	\$50.00
	\$3,200 and over	15,000	25,000	40,000	8.33	25.00	100.00
41-50 incl. . .	Less than \$3,200	7,500	12,500	20,000	5.21	15.63	62.50
	\$3,200 and over	15,000	25,000	40,000	10.42	31.25	125.00
51 to 65 years	Less than \$3,200	7,500	12,500	20,000	6.25	18.75	75.00
	\$3,200 and over	15,000	25,000	40,000	12.50	37.50	150.00

\*In addition an initial \$2.00 membership fee is required by WAEPA.

Rates automatically increase when insured attains the next age grouping under our graded premium plan.

#### LIMITATIONS ON ACCIDENTAL DEATH BENEFITS

This accidental death provision does not cover: (1) Loss resulting from bacterial infections except pyogenic infections caused wholly by injury, or (2) Loss resulting from medical or surgical treatment except that made necessary solely by injury, or (3) Loss resulting from suicide or any attempt thereat, while sane or insane, or (4) Loss resulting from injury sustained while in or on any vehicle or device for aerial navigation, except as a passenger in a previously tested and approved aircraft, other than experimental or prototype aircraft.

#### TERMINATION AND CONVERSION RIGHTS

Insurance may be discontinued at any time by resignation from the Association. Coverage also terminates upon separation from the government service, for nonpayment of premiums or entry into the armed forces of any country.

This life insurance automatically terminates 31 days after termination of membership *which coincides with the last day of active employment with the government, not including terminal leave.* Provided application is made to the Equitable Life Assurance Society in writing within 31 days after termina-

tion of active employment, a policy of life insurance in any of the forms issued by the Society (except Term Insurance) may be issued, in amount equal to or less than that held as a member of GEHA.

#### PAYMENT OF INSURANCE BENEFITS

A choice exists at the time of a claim so that the beneficiary may choose to receive the benefit payments in a lump sum or installments from the Equitable Life Assurance Society.

#### APPLICATION PROCEDURES AND MEDICAL EXAMINATIONS

Application for this coverage may be submitted at any time, if eligibility requirements are met. WAEPA insurance is not included in the annual GEHA Application Period.

The application, together with a two-dollar (\$2.00) WAEPA membership fee, and at least two monthly premiums must be submitted to the Insurance Branch. The Employee's Statement of Health on the reverse of the application must be completed in detail. The underwriter reserves the right to request a satisfactory report of medical examination where deemed necessary, prior to final acceptance of the application.

The life insurance becomes effective the day the application is received in and payment made to the Insurance Branch or, in the case of overseas applications, the day the application is certified to by an authorized person. Checks in payment of premiums shall be made payable to "GEHA-Inc."

## TRAVEL INSURANCE

### "TRAVEL-MATIC"

#### (MUTUAL OF OMAHA)

#### GENERAL INFORMATION

This special contract provides for \$25,000 to \$50,000 cash benefits for accidental death on any common carrier of passengers plus certain medical benefits as specified below.

This covers the insured regardless of where he travels: Across town, across country, or across the ocean, for business or pleasure. The TRAVEL-MATIC automatically furnishes protection to the insured as a passenger upon boarding *any public transportation vehicle*. This coverage also includes travel while a passenger on planes operated for or by the Military Air Transport Service.

There are no issuing age limits in connection with the issuance of a TRAVEL-MATIC policy.

The policy will be issued only in those amounts specified in the Schedule of Benefits and Rates. The minimum amount is \$25,000 and the maximum amount \$50,000. A person who carries other common-carrier travel accident coverage underwritten by MUTUAL of Omaha may not be issued a TRAVEL-MATIC policy with the \$50,000 maximum amount, but only the difference between this \$50,000 and the amount of such coverage he already carries.

There are no benefit riders that may be attached to this policy.

This policy will be sold *only* on an annual basis.

#### SCHEDULE OF BENEFITS AND RATES

Principal Sum	Medical Benefit	Annual Premium
\$25,000.00	\$1,250.00	\$18.00
30,000.00	1,500.00	21.25
35,000.00	1,750.00	24.50
40,000.00	2,000.00	27.75
45,000.00	2,250.00	31.00
50,000.00	2,500.00	34.25

#### COVERAGE

1. Accidental Death and Dismemberment Benefit—Principal Sum payable for loss of life or for double limb or eye loss; one-half Principal Sum for single limb or eye loss.

2. Medical expense benefit for covered injuries requiring surgical treatment, hospital care and services, nurse, X-ray examination, and ambulance service but not to exceed, in the aggregate, \$50.00 for each \$1,000.00 of Principal Sum for any one accident.

3. Exposure and Disappearance Provision—Regular benefits are payable if the insured suffers loss due to exposure. In addition, loss of life benefits will be paid if the insured has not been found within one year following a covered accident.

4. Principal Sum increases 5 percent for each 12-month period policy is in force, but the Principal Sum may not be increased by more than a total of 25 percent.

#### LIMITATIONS

1. Excludes loss caused by war, acts of war, or suicide.

2. For the purposes of this policy, nonscheduled airlines are considered common carriers, so long as the planes carry certificates of air-worthiness issued by the appropriate authority and are licensed to carry fare-paying passengers for public transportation.

3. This policy does *not* include coverage on passengers traveling on a privately owned plane not used and licensed as a public common carrier nor on military planes other than those operated for or on behalf of Military Air Transport Service.

#### APPLICATION PROCEDURES

##### Headquarters

Application for this type of coverage can be made only in the Cashier's Office of the Insurance Branch between 10:00 a.m. and 3:00 p.m. Dependents may also apply by coming in personally to sign the application.

*Field Stations*

Application will be made in the office of an authorized official, who must certify to the *signature* and *date of signature*, prior to forwarding to the Insurance Branch. These precautions are required by the underwriter to prevent the possibility of after-the-fact claims.

Checks should be made payable to "GEHA-Inc."

**AIR FLIGHT TRIP INSURANCE  
(MUTUAL OF OMAHA)**

**COVERAGE AND RATES**

This plan of insurance covers the policyholder for a one-way or round trip to any place in the world via Military Air Transport Service or commercial airlines operating on a regular schedule.

It provides for the following schedule of coverage at the listed rates:

Principal Sum	\$12,500	\$25,000	\$31,250	\$50,000	\$62,500
Medical Expenses	\$ 625	\$ 1,250	\$ 1,562	\$ 2,500	\$ 3,125

*Domestic Zone Flights*

Flights within or between United States, Alaska, Hawaii, Canada, Mexico, Central America, Bermuda, the West Indies, Colombia, and Venezuela.

Premiums	\$ .50	\$ 1.00	\$ 1.25	\$ 2.00	\$ 2.50
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*Foreign Zone Flights*

*Zone A*—Flights from Domestic Zone to Iceland or South America (except Colombia and Venezuela)

Premiums	\$1.00	\$2.00	\$ 2.50	\$ 4.00	\$ 5.00
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*Intraforeign*—Flights originating and completed within the boundaries of Zone A, B, or C.

*Zone B*—Flights between the Domestic Zone and any point in Europe, including British Isles and Ireland

Premiums	\$2.00	\$4.00	\$ 5.00	\$ 8.00	\$10.00
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*Interforeign and Atlantic Zone*—Flights between Foreign Zones B and C or between the Eastern and Western Hemispheres via the Atlantic Ocean.

#### POLICY PERIOD

This insurance shall commence on the effective date at 12:01 a.m. standard time at the point of departure and shall terminate upon completion of the airline trip. In no event will this insurance extend beyond a period of 12 months or cover more than one round trip.

#### APPLICATION PROCEDURES

Application for this type of coverage will be made only in the Cashier's Office of the Insurance Branch between 10:00 a.m. and 3:00 p.m. Dependents may also apply by coming in personally to sign the application.

*Zone C*—Flights between the Domestic Zone and any point in the world not included in the Domestic Zone or in Foreign Zones A and B.

Premiums	\$4.00	\$8.00	\$10.00	\$16.00	\$20.00
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*Pacific Zone*—Flights between the Eastern and Western Hemispheres via the Pacific Ocean.

The principal sum listed above is paid in the event of loss of life, limb, or sight resulting from injuries, meaning accidental bodily injuries received during any portion of the round trip, made by the insured while the policy is in force, between the point of departure and the destination.

#### MEDICAL BENEFITS

When covered injuries require medical treatment the contract provides payment, in addition to any other benefits payable under the policy, for the expense actually incurred by the insured within the 52-week period immediately following the date of the accident, in accordance with the schedule listed above.

#### EXCLUSIONS

This policy does not cover: (1) Any loss caused or contributed to by disease (except any disease resulting directly from exposure); (2) Any loss caused by war or any act of war; (3) Suicide or any attempt thereat, sane or insane; or (4) Any pilot or other active member of the crew of any aircraft referred to herein.

THE BOARD OF DIRECTORS OF THE GOVERNMENT EMPLOYEES HEALTH ASSOCIATION, INC. DETERMINES ALL MATTERS CONCERNED WITH ELIGIBILITY FOR AND RETENTION OF MEMBERSHIP IN THE ASSOCIATION. IN THE EVENT OF QUESTIONS ARISING CONCERNING THE SETTLEMENT OF ANY CLAIMS IN CONNECTION WITH ANY OF THE PLANS ADMINISTERED BY THIS ASSOCIATION FINAL DETERMINATION WILL NOT BE BASED ON THE CONTENTS OF THIS BOOKLET BUT RATHER ON THE EXACT TERMS SPECIFIED IN THE MASTER CONTRACTS AS APPROPRIATE.

Premiums on plans payable on a monthly basis must be paid and maintained a minimum of two months in advance. The coverage of any person not complying with this requirement will be cancelled automatically at the end of the 30-day grace period (for hospitalization and life insurance plans) following the month for which his premium has been paid.

The Association will maintain exclusive relationships with the underwriting companies. Under no circumstances may a member of the Association make direct contact with these companies or their agents.